Ministry of Health

2015/16 – 2017/18 SERVICE PLAN

February 2015

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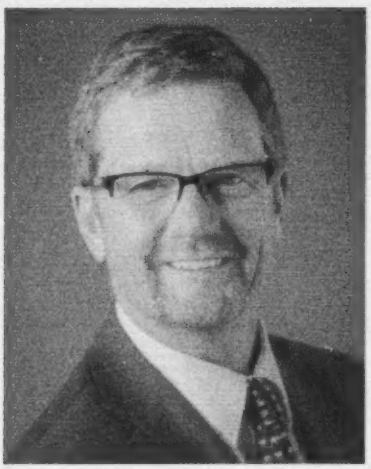
Minister
Accountability Statement



The *Ministry of Health 2015/16 - 2017/18 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

Honourable Terry Lake
Minister of Health
February 6, 2015

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The Ministry is responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. The Ministry also works in partnership with the First Nations Health Authority to improve the health status of First Nations in British Columbia.

Strategic Direction and Context

Strategic Direction

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister's Mandate Letter from the Premier. Incorporating this direction, in February 2014, the Ministry released *Setting Priorities for the B.C. Health System*, which presents the strategic and operational priorities for the delivery of health services across the province.

Successfully achieving the Ministry's strategic vision will require close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the *Taxpayer Accountability Principles*, which strengthen two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Recognizing that public sector organizations have both an ethical and fiduciary accountability to the taxpayer, enhanced performance management will ensure the delivery of patient-centred health services while promoting quality and containing costs.

Strategic Context

British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute care, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; exceptional diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social determinants of health and the quality of its health care system.

B.C. has made meaningful progress in improving services across a range of areas over the past several years; however, there are several service areas that have remained problematic and resistant to successful resolution, despite significant effort. Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia.

For more detailed information on the B.C. health system, priority populations and key service areas, please see *Setting Priorities for the B.C. Health System*.

Goals, Objectives, Strategies and Performance Measures

This service plan has been updated from previous service plans to reflect the strategic priorities contained in *Setting Priorities for the B.C. Health System* and ensure alignment with the *Taxpayer Accountability Principles*. The priorities build from previous plans and focus on supporting the health and well-being of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which will drive policy, accountability, service design and delivery in the coming years.

Goal 1: Support the health and well-being of British Columbians.

In collaboration with its health sector partners, the Ministry will promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province.

Objective 1.1: Targeted and effective primary disease prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

Strategies

- Work with health authorities and other partners to continue implementation of *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work with health authorities, physicians and other partners to implement the *Healthy Families BC Policy Framework*, improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2014/15 Forecast*	2015/16 Target	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans.	13%	41%	45%	50%	55%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.
*Forecast is until January 2015.

Discussion

This performance measure focuses on the proportion of the 161 communities in British Columbia that have developed healthy living strategic plans, in partnership with the health system, for 2010/11 and beyond. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury. The Ministry is supporting communities to develop comprehensive healthy living plans.

Performance Measure 2: Healthy Schools BC.

Performance Measure	2013/14 Baseline	2014/15 Forecast	2015/16 Target	2016/17 Target	2017/18 Target
The percentage of B.C. students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning to stay healthy.	46%	N/A*	48%	55%	60%

Data Source: Satisfaction Survey, Knowledge Management Branch, Knowledge Management and Accountability Division, Ministry of Education
*2014/15 survey data not yet available.

Discussion

This is a new performance measure for the Service Plan but is part of *BC's Guiding Framework for Public Health*. Evidence suggests that over time, a primary prevention and health promotion agenda can help improve the overall health of the population. Accordingly, *Healthy Schools BC*, a key initiative of *Healthy Families BC*, aims to improve students' awareness of healthy lifestyles and healthy environments. The Ministry, in partnership with health authorities and school districts, supports a number of targeted programs which provide comprehensive health resources for teachers and schools.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners aim to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner in alignment with the *Taxpayer Accountability Principles*.

Objective 2.1: A provincial system of primary and community care built around inter-professional teams and functions.

British Columbia's health care system has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels - practice, health authorities, and provincial level - with the intent of meeting the expanding demand for services due to the population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Implement a system supporting the development of full-service family practice but incrementally facilitate the establishment of fully realized team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with comorbid chronic illnesses, moderate to severe mental illnesses, and/or frailty).
- Provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to services
- Provide a full continuum of high quality mental health and substance use services within each health authority to better integrate services within the larger care network.
- Improve access to addiction treatment, including creating an additional 500 addictions spaces by 2017.
- Develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.
- Increase the quality of primary and community care services to reduce the need for hospitalization.
- Develop residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.

- With the advice of B.C.'s Seniors Advocate, improve the home and community care system, including the use of technology for home health monitoring, better address the needs of B.C.'s seniors who require these services, and strengthen protections from abuse and neglect.

Performance Measure 3: Access to Full Service Primary Care.

Performance Measure	2013 Baseline	2014Forecast*	2015 Target	2016 Target	2017 Target
Percent of family physicians participating in the "A GP For Me" full service family practice initiative	65%	74%	80%	85%	85%

Data Source: Integrated Primary and Community Care Branch, Health Services Policy and Quality Assurance Division, Ministry of Health.
Note: Data for this measure is collected on a calendar year basis.
*Forecast is until January 2015.

Discussion

Better health outcomes for patients start with a strong primary care system. When a patient has an ongoing, continuous relationship with a family doctor who knows their background and medical history, they will receive better care overall, from preventative care to more accurate diagnoses, better medication management and better coordination with other health care providers. *A GP for Me* is a program sponsored by the Ministry of Health and Doctors of BC. It is aimed at improving quality health care in community settings and improving the health outcomes of B.C. residents and to ensure that all B.C. citizens who want a family doctor are able to access one by the end of the initiative, at the end of fiscal year 2015/16. It strives to: confirm and strengthen the relationship between family physicians and patients; better support the needs of vulnerable patients; increase capacity within the system; and, enable patients who want a family doctor to find one.

By signing up for *A GP for Me*, a family doctor commits to providing full-service family practice to all of his or her patients, which supports relationship-based care for both current and newly attached patients. *A GP for Me* also provides support for doctor-patient telephone consultations and increased funding to look after patients with chronic diseases. By working closely with local Divisions of Family Practice, the program will make it easier for patients to have a strong relationship with a family doctor and access to additional team-based supports when needed. In time, this model will evolve to facilitate access to full service primary care through attachment to team-based practices.

Performance Measure 4: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target
Percent of people admitted for mental illness and substance use who are readmitted within 30 days.	14.1%	New measure for 2015/16 Service Plan	13.8%	13%	12%

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion

With the release of *Healthy Minds, Healthy People*, a clear vision was established for addressing the complexities of mental illness and substance use. A number of interventions have been incorporated as part of British Columbia's health system which have successfully responded to individual patient needs. This new measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Objective 2.2: A renewed role of hospitals in the regional health care continuum with a starting focus on improved surgical services.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. This requires improved coordination between hospitals, primary care and other care providers in communities to develop patient pathways for frail seniors that avoid hospitalization.

There is a need and opportunity to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to B.C. patients with respect to services offered across hospitals.

Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers and using technology and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations between the Lower Mainland health authorities to shape patterns of service delivery and referrals to best meet patient needs based on the health needs of their population.

Performance Measure 5: Access to Scheduled (Non-Emergency) Surgery.

Performance Measure	2013/14 Baseline	2014/15 Forecast*	2015/16 Target	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	90%	88%	93%	95%	95%

Data Source: Surgical Patient Registry, Ministry of Health. Includes all elective adult and pediatric surgeries.
Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Target percents are for surgeries completed in the fiscal year.
*Forecast is until December 2014.

Discussion

In the last several years, British Columbia's health system has successfully reduced wait times for many surgeries. Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. The Patient Prioritization Initiative is one of these innovations, a first in Canada, allowing surgeons to monitor patients' wait times in five priority levels. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

Objective 2.3: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Individuals who reside in predominantly rural communities tend to have comparatively poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural British Columbia are often small, dispersed, and fluctuating. Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care. Through the Rural Health Strategy, the Ministry and health authorities will work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

Strategies

- Develop local community plans for rural and remote communities to create environments that foster healthy behaviours to improve the health of the population.
- Improve access to services through the establishment of regional and provincial networks of specialized care teams.

- Improve timely recruitment and deployment of health professionals to rural and remote communities.

Goal 3: Ensure value for money.

To achieve value for money in health care, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed.

Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim[1] goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance and budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable.

Strategies

- Focus on operational management excellence through continuous improvement.
- Continue the delivery of quality services or products and the enabling organizational functions in the areas of primary and community care, surgical service and rural health services delivery.
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.
- Ensure that quality assurance is enabled by corporate services (human resource management, information management, and financial/budget management).
- Expand consolidation of corporate, clinical support, purchasing and administrative functions to achieve savings and quality improvements across the province.

Objective 3.2: Focus on cross-system work and collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding.

[1] Institute for Healthcare Improvement. www.IHI.org.

Strategies

- Work with health system partners to establish an integrated Health Human Resource Framework to plan, link and coordinate go-forward actions and initiatives that enable effective health human resources management.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, ePrescribing, telehealth and home health monitoring.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.

Objective 3.3: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

Strategies

- Deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Continued focus on coverage for eligible prescription drugs and designated medical supplies through the Fair PharmaCare plan.
- Leverage programs such as the Low Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Engage in the Council of the Federation's Pan-Canadian Pricing Alliance for brand and generic drugs.

Resource Summary

Core Business Area	2014/15 Restated Estimates[1]	2015/16 Estimates	2016/17 Plan	2017/18 Plan
Operating Expenses ($000)				
Health Programs				
Regional Services	11,540,915	11,948,782	12,244,747	12,590,415
Medical Services Plan	4,061,122	4,117,119	4,285,489	4,450,722
Pharmacare	1,079,453	1,103,033	1,125,094	1,147,596
Health Benefits Operations	42,181	43,075	43,988	44,917
Vital Statistics	7,246	7,428	7,598	7,731
Recoveries from Health Special Account Service	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	222,241	224,996	227,587	229,507
Health Special Account	147,250	147,250	147,250	147,250
Total	**16,953,158**	**17,444,433**	**17,934,503**	**18,470,888**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Support Services	8,326	5,597	255	255
Total Capital Expenditures	**8,326**	**5,597**	**255**	**255**
Capital Grants ($000)				
Health Facilities	423,956	378,862	559,031	357,072
Total Capital Grants	**423,956**	**378,862**	**559,031**	**357,072**

[1]For comparative purposes, amounts shown for 2014/15 have been restated to be consistent with the presentation of the 2015/16 Estimates.

*Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's *2015/16 – 2017/18 Service Plan* are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Description	2014/15 Forecast	2015/16 Budget	2016/17 Plan	2017/18 Plan
Health Authorities and Hospital Societies – Combined Income Statement ($000)				
Total Revenue[1]	13,257,000	13,717,000	13,704,000	13,885,000
Total Expense[2]	13,242,000	13,446,000	13,704,000	13,885,000
Net Results[3,4]	15,000	271,000	0	0

[1] Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

[2] Expense: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

[3] Net Results: The forecast surplus of $15 million in 2014/15 is from the Fraser Health Authority. The $271 million forecast surplus in 2015/16 reflects the gain on the sale of capital assets by the Vancouver Coastal Health Authority under the government's Release of Assets for Economic Generation (RAEG) initiative.

[4] The 2014/15 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the growing population and its need for health services. The health sector invests in health facilities such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The province's health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway or in planning include:

Interior Heart and Surgical Centre, Kelowna
The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 13,166 square metre (141,718 square foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building is being built on the site of the former Pandosy building. The programs housed at Pandosy were relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. In March 2014, government approved a project scope change to include a partial fourth floor to the new Interior Heart and Surgical Centre to house the perinatal suite closer to the new operating suite. The Interior Heart and Surgical Centre will be open for patients by mid-2015 and the fourth floor in January 2016. Final renovations to other areas of the hospital will be completed by 2017. The cost of the project is estimated at $381 million. A portion of the project is cost shared with the Central Okanagan Regional Hospital District.

For more information on the Interior Heart and Surgical Centre, please see the website at http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx.

Children's and Women's Hospital Redevelopment
The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase included opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds became part of the provincial

network of NICU beds. First phase work also included: site preparations for the new hospital; constructing additional academic space for UBC; and constructing a new clinical support building. The second phase of the project consists of construction of a new 49,880 square metre (536,900 square foot) Teck Acute Care Centre (underway) and renovations to the BC Women's Assessment Room in the 1982 Building. Construction of the new Acute Care Centre is planned to be completed in summer 2017. The third phase includes a 10 bed expansion of single room maternity care, and relocation of Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. The total project cost for all phases is estimated at $678 million.

For more information on the Children's and Women's Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

North Island Hospitals Project
The North Island Hospitals Project includes a new 95-bed hospital in Campbell River and a new 153-bed hospital in the Comox Valley. Construction of both hospitals commenced in August 2014 and is scheduled for completion in spring 2017. The estimated capital cost of up to $606 million for the project will be shared by the B.C. government and the Comox Strathcona Regional Hospital District. The new Campbell River Hospital will be approximately 32,300 square metres (347,700 square feet) and built on the existing hospital site. The new Comox Valley Hospital will be approximately 39,800 square metres (428,400 square feet) and built near the intersection of Lerwick and Ryan Roads in Courtenay, adjacent to the North Island College campus.

For more information about the North Island Hospitals Project, please see the website at http://nihp.viha.ca/.

Lakes District Hospital and Health Centre (Burns Lake)
The new Lakes District Hospital and Health Centre in Burns Lake opened for patients in early February 2015. The project generated approximately 200 direct jobs during the construction period. The new hospital has 16 beds and the new centre provides acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space is also planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care. The facility is a two-storey building of approximately 6,100 square metres (65,000 square feet). The hospital is a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Design (LEED) Gold certification. The total capital cost of the project is estimated at up to $55 million. The project is cost shared with the Stuart-Nechako Regional Hospital District.

For more information about the Lakes District Hospital and Health Centre Project, please see the website at http://www.northernhealth.ca/AboutUs/CapitalProjects/LakesDistrictHospitalProject.aspx.

Queen Charlotte/Haida Gwaii Hospital (Village of Queen Charlotte)
Construction of the the new Queen Charlotte hospital commenced in September 2014, and is planned to open for patients in summer 2016. The total capital cost of the project is estimated at up to $50 million. The project is cost shared with the Northwest Regional Hospital District.

For more information about the Queen Charlotte/Haida Gwaii Hospital Project, please see the website at http://northernhealth.ca/AboutUs/CapitalProjects/QueenCharlotteHospitalProject.aspx.

Royal Inland Hospital, Clinical Services Building
Construction of the Clinical Services Building at Royal Inland Hospital commenced in April 2014 as a part of the first phase of redevelopment at Royal Inland Hospital. The scope of the first phase includes ambulatory clinics consisting of an outpatient lab, cardiopulmonary/neurodiagnostics, community respiratory therapy, intravenous therapy, pre-surgical screening and operating room booking, as well as teaching space for the UBC medical school program and educational space for continued health professional training. The project will also include onsite parking and improved vehicle and pedestrian access to the Royal Inland Hospital campus. The first phase of redevelopment is estimated to cost $80 million and will be cost shared with the Thompson Regional Hospital District and the Interior Health Authority. Opening of the new Clinical Services Building is planned for spring 2016.

St. Paul's Hospital Redevelopment, Ambulatory Care Building and Redevelopment
The Ministry of Health and Providence Health Care are working to finalize the redevelopment concept plan, noting the detailed planning will need to account for the complexities of maintaining necessary care for patients when the project gets underway. The redevelopment timeframe will be determined through the business plan process.

Royal Columbian Hospital Redevelopment
The business plan for the first phase of redevelopment of Royal Columbian Hospital is complete and pending review by government. Following approval of the business plan, the procurement process for construction will commence.

For more information about the Royal Columbian Hospital redevelopment, please see the website at http://www.fraserhealth.ca/about_us/building_for_better_health/royal_columbian_hospital/.

Joseph and Rosalie Segal Family Centre, Vancouver General Hospital
Site preparation work began in January 2015 for the new Joseph and Rosalie Segal Family Health Centre with construction expected to start in spring 2015. The Joseph and Rosalie Segal Family Centre will help mental health professionals provide better care to patients and their families in a modern environment when it opens in summer 2017. Total capital cost is estimated at $82 million, with the provincial government contributing $57 million. The VGH and UBC Hospital Foundation has committed $25 million to the new centre, including $12 million from Joseph and Rosalie Segal. The centre will focus on a patient-centred therapeutic environment that meets high standards of modern psychiatric care and is also expected to improve health outcomes for British Columbians. The centre will include the following: eight floors, 11,100 square metres (approximately 119,500 square feet), excluding parking and mechanical penthouse; 100 private patient rooms, each with its own bathroom; natural light in most areas and the use of calming colours and textures to create healing environments; quiet places on each floor for reading and meditating; access to outdoor gardens and courtyards, as well as exercise facilities, televisions and the internet; improved patient and staff safety and security. The Joseph and Rosalie Segal Family Health Centre will provide short-term, acute care to those suffering from major depression, anxiety, schizophrenia, psychotic and mood disorders, and drug and alcohol addiction.

Inpatient Bed Project, Vernon Jubilee Hospital
The new Polson Tower at Vernon Jubilee Hospital includes two shelled floors for future inpatient bed capacity. In February 2013 government approved a project to complete the 6th and 7th floors of the Polson Towers to accommodate 60 inpatient beds in newly constructed space. Of the 60 bed capacity, 14 are new inpatient beds and 46 beds are relocated from other parts of the hospital. The project also includes minor building and support systems renovations. The $29.6 million project is cost shared between the Province, the North Okanagan-Columbia Shuswap Regional Hospital District and the Vernon Jubilee Hospital Foundation. Construction of the inpatient bed area started June 2014 with completion and occupancy by patients in early 2016.

Patient Care Tower, Penticton Regional Hospital
On July 30, 2014, government announced approval of the business plan for the Patient Care Tower Project at Penticton Regional Hospital. The project will proceed in two phases with the first phase being construction of the new patient care tower including a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve the renovation of vacated areas in the current hospital to allow for the expansion of the emergency department as well as renovations to existing support areas. Procurement for construction of the new patient care tower is underway and three shortlisted proponents were identified through a Request for Qualifications process as a first step in selecting a qualified team to design, build, finance and maintain the new patient care tower. The capital cost of the project is estimated at up to $325 million, and will be shared between the Province, the Okanagan-Similkameen Regional Hospital District and the South Okanagan-Similkameen Medical Foundation.

Clinical and Systems Transformation Project
The primary purpose of the Clinical and Systems Transformation (CST) Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care.

The vision of this integrated system is "One Person. One Record. Better Health." A single health record for each patient will promote high quality care and improve health outcomes throughout the region by ensuring clinicians have a greater level of accurate and consistent patient information. A single electronic health record per patient across the continuum of care (acute, ambulatory, and residential integrated with lab, medical imaging, health information, and pharmacy) will streamline the care process, improve the safety and efficiency of patient care, and provide clinicians with a longitudinal view of a patient's medical history for better care decisions.

The total capital cost of the project is estimated to be $480 million over 10 years.

Appendix - Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
1515 Blanshard Street
Victoria, British Columbia V8W 3C8
Toll free in B.C.: 1-800-465-4911
In Victoria: 250-952-1742

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1.

Ministry of Health – Seniors Advocate
(www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC
(http://www.healthyfamiliesbc.ca/)
Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer
(www.health.gov.bc.ca/pho/)
1515 Blanshard Street
Victoria, British Columbia V8W 3C8
In Victoria: 250-952-1330

Patient Care Quality Review Board
(www.patientcarequalityreviewboard.ca/index.html)
PO Box 9643 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email:
contact@patientcarequalityreviewboard.ca

Vital Statistics Agency
(www.vs.gov.bc.ca/index.html)
PO Box 9657 Stn Prov Govt
Victoria, British Columbia V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

British Columbia's Health Authorities

Fraser Health Authority www.fraserhealth.ca

Interior Health Authority
www.interiorhealth.ca

Northern Health Authority
www.northernhealth.ca

First Nations Health Authority www.fnha.ca

Provincial Health Services Authority
www.phsa.ca

Vancouver Coastal Health Authority
www.vch.ca

Vancouver Island Health Authority
www.viha.ca